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PATENT APPLICATION FEE DETERMINATION RECORD
 Substitute for Form PTO-875
Application or Docket Number
*09/17101033***CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT	(37 CFR 1.16(d))	

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

RATE	FEES	RATE	FEES
	\$ _____		\$ _____
X \$ _____ =		X \$ _____ =	
X \$ _____ =		X \$ _____ =	
+ \$ _____ =		+ \$ _____ =	
TOTAL		TOTAL	

CLAIMS AS AMENDED - PART II

RCL 1-12-06

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total (37 CFR 1.16(c))	• 16	Minus	** 24 =
Independent (37 CFR 1.16(b))	• 2	Minus	** 3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X \$ _____ =		X \$ _____ =	
X \$ _____ =		X \$ _____ =	
+ \$ _____ =		+ \$ _____ =	
TOTAL ADD'L FEE		TOTAL ADD'L FEE	<i>190</i>

4.24-06

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total (37 CFR 1.16(c))	• 19	Minus	** 24 =
Independent (37 CFR 1.16(b))	• 3	Minus	** 3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total (37 CFR 1.16(c))	•	Minus	** =
Independent (37 CFR 1.16(b))	•	Minus	** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

097-61033

CLAIMS AS FILED - PART I

Column 11 Column 12

TOTAL CLAIMS	<u>27</u>	
FOR	SEARCH FILED	MASSER DATA
TOTAL CHARGEABLE CLAIMS	<u>27</u> minus 20 =	<u>7</u>
INDEPENDENT CLAIMS	<u>2</u> minus 2 =	<u>0</u>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

If the difference in column 1 is less than zero, enter "0" in column 2

10/13/04 CLAIMS AS AMENDED - PART II

Column 11 Column 12 Column 13

	SEARCH PERFORMED AFTER AMENDMENT	SEARCH PERFORMED PREVIOUSLY FILED FOR	PRESENT DATA
Total	<u>14</u>	<u>0</u>	<u>-21</u>
Independent	<u>2</u>	<u>0</u>	<u>3</u>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

7/29/05

12/13/05

Column 11 Column 12

	SEARCH PERFORMED AFTER AMENDMENT	SEARCH PERFORMED PREVIOUSLY FILED FOR	PRESENT DATA
Total	<u>14</u>	<u>0</u>	<u>-21</u>
Independent	<u>2</u>	<u>0</u>	<u>3</u>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

12/13/05

12/13/05

Column 11 Column 12 Column 13

	SEARCH PERFORMED AFTER AMENDMENT	SEARCH PERFORMED PREVIOUSLY FILED FOR	PRESENT DATA
Total	<u>16</u>	<u>0</u>	<u>-24</u>
Independent	<u>2</u>	<u>0</u>	<u>3</u>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

If the entry in column 1 is less than the entry in column 2, enter "0" in column 2.

The 10-part Number Preliminary Filing Fee in this Office is less than \$1, enter "0".

The 10-part Number Preliminary Filing Fee in this Office is less than \$2, enter "0".
The 10-part Number Preliminary Filing Fee (Total of independent) is the highest number used in the application, less in column 1.

SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
\$200.00	OR	\$100.00	OR
\$300.00	OR	\$150.00	OR
\$400.00	OR	\$200.00	OR
\$450.00	OR	\$225.00	OR
TOTAL	OR TOTAL	1275.00	OR TOTAL

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
\$200.00	OR	\$100.00	OR
\$400.00	OR	\$200.00	OR
\$450.00	OR	\$225.00	OR
TOTAL ADD'L FEE	OR TOTAL ADD'L FEE		OR TOTAL ADD'L FEE

RATE		ADDITIONAL FEE	
\$200.00	OR	\$100.00	OR
\$400.00	OR	\$200.00	OR
\$450.00	OR	\$225.00	OR
TOTAL ADD'L FEE	OR TOTAL ADD'L FEE		OR TOTAL ADD'L FEE

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Effective October 1, 2000

GUARDED BY GOD - PART II

REFERENCES

TOTAL CLAIMS	<u>24</u>	
FOR	SUMMARIZED	NUMBER DRAFTED
TOTAL COMMERCIAL CLAIMS	<u>1</u>	<u>1</u>
INDEPENDENT CLAIMS	<u>3</u>	<u>3</u>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

"You always know I know that you carry her away?"

CLARIS ASSAMINED - PART 2

Section II		Section III		Section IV	
NAME ADDRESS CITY STATE ZIP CODE					
John D.	80	—	—	✓	✓
John D.	2	—	—	3	✓

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M-1304

M-304		Column I	Column II	Column III
		NUMBER OF DEPEN- DENT CHILDREN	NUMBER OF PERMANENT TEETH	NUMBER OF MISSING TEETH
NAME	AGE	NAME	NAME	NAME
Tom	10	James	-27	-
Elizabeth	6	James	-3	-

FORM FOR DETERMINATION OF MULTIPLE DEPENDENT CLASS

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	Column 1	Column 2	Column 3
	NAME ADDRESS PHONE NUMBER	NAME ADDRESS PHONE NUMBER	NAME ADDRESS PHONE NUMBER
1	14	- 0	- 1
2	2	- 3	- 1

REST PRESENTATION OF MULTIPLE EXPRESSIONS

Journal of Clinical Oncology

03741033

SMALL ENTITY TOTAL		OR	OTHER THAN SMALL ENTITY	
NOTE	FEES		NOTE	FEES
1000	100	OR	1000	710.00
X200	200		X200	120
X100	100		X100	100
-100	100		-100	100
TOTAL		OR	TOTAL	1210

OTHER TITLES

SMALL ENTITY OR SMALL ENTITY	
RATE	ADDITIONAL FEE
\$35.00	OR \$10.00
\$100.00	OR \$30.00
\$125.00	OR \$37.50
\$150.00	OR \$45.00

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RATE	ADDS TIONAL FEE	RATE	ADDS TIONAL FEE
250.-	OR	250.-	
300.-	OR	300.-	
400.-	OR	400.-	
500.-	OR	500.-	

CC BY

RATE	ADDITIONAL PER	RATE	ADDITIONAL PER
2500		2500	
3000		3000	
4000		4000	
5000		5000	
6000		6000	
7000		7000	
8000		8000	
9000		9000	
10000		10000	

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